-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N.B.

PLACE OF DEATH 15391	STATE OF MARYLAND
County Ollolill	CERTIFICATE OF DEATH
Olim (1)	Registration Dist. No.
Wilage or City Oslow (No.	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAMELLELLIE & Clu	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
Club in Gill	(My) 1910, to 1912, 1917,
(Month) (Day) (Year)	that I last saw le alive on 2, 1913,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrs mos ds. OR mia.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Marasmus
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) Mary Carry	Contributory Cylaushon
10 NAME OF FATHER Cleving audenson	(Signed) M. 0.
State of Columnia of Marie of	*State the DISKASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mostles aggie Cox	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or countral actions	OR RECENT RESIDENTS) Al place la the of death yes mes de. State, yes mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, If not at place of death?
(Informant) County Superior Su	Former or usual residence
(Address) Flolichord	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed 9/23, 1915 W2 GOZALE REGISTRARALE	30 Whorestaken Libertons
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired 105m engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekcepers precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Annemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping fig The nature of the injury, as fracture of skull, railway The contributory (secondary or intercurtrain-accident; Revolver State cause "Atrophy," - "Col-Never report mere (Recommendations nound



	15392	STATE OF MARYLAND
Coun	go or cityhear Smithville No.	CERTIFICATE OF DEATH Registration Dist. No
	2 FULL NAME Sarah & 15	a hospital or institution give its NAME insternation of street and number.
10.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	COLOR OR RACE SINGLE, MARRIED WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Self-Worth (Day) (Year Open Control of Control open C
6 DA	TE OF BIRTH Ohr. 1" 1856	that I last saw held alive on Selfo 19.
7 AG	LO LO 1 day, hrs.	and that death occurred on the date stated above, at \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
par (b	yrs. mos. ds. or min.? CCUPATION) Trade, profession, or ticular kind of work) General nature of industry siness, or establishment in	Several years (Burtlen) yrs mos
-	empleyed (or employer) ATHPLACE (State or country) Willoware,	Contributory
S.	10 NAME OF FATHER MINISTERN,	(Signed) 19 Toesses Territoral Sono 2 200
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISPASE CAUSING DEATH, or, in deaths from FIGURENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENCE) At place to the of death yrs. 2 mes. ds. State, yrs. mes. Where was disease contracted,
	(Informant)	If not at place of death? Former or usual residence
15	(Address) Tederalsturg And 3	Concord, Wid Seft, 15", 191.5
File	REGISTRAR	Jr. transform & Son Federalow
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be uife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telurars) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; state means of injury and qualify as accidental, suicidal, of homicidal, of as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Annemia" (merely symptomatic), chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway The contributory (secondary or intercur-Poisoned by carbolic acid-probably train-accident; Revolver State cause for which Never report mere "Atrophy," "Colnound!



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N.B.

PLACE OF DEATH
County Carolini STATE OF MARYLAND 15393 CERTIFICATE OF DEATH

Registration Dist, No.

St.; ...Ward) [if death occurred in a hospital or lostitution,

*FULL NAME ROSKIE Brown	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	Month) (Day (Year) I HEREBY GERTIFY. That I attended deceased from
TAGE TAGE TO DATE OF BIRTH TO DAY TO DAY	that last ssw har alive on 1915 and that death occurred on the date stated above, at 230 m. The GAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Preumonia (Buration) yrs mes (s.
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 LLL 12 LLL 13 NAME OF FATHER (State or country) 14 DO ONE DO NAME OF MOTHERAL	Contributory Recondary (Durylon) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or osual, residence
(Address) Oldstoopa Filed 9/9, 1815' Waldoopa REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 29 INDERTAKER WORKER STORY STOR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-losis of lungs, memingos, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; may be stated under the head "Dropsy," "Exhaustion," The nature of the For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 21915

BUREAU.V.S.

STATE OF MARYLAND

1 PLACE OF DEATH

Approved by U. S. Census and American Public Health

know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the cspecially in industrial employments, it is necessary to business or industry, and therefore an additional line of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers tion is very important, so that the relative healthfulness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part precise specification as Day laborer, Farm laborer, Laborer wife, Housework, or At Home, and children, not gainfully employed, as Al school or Al home. Care should be taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupaapplies to each and every person, irrespective of age. engineer, Stationary freman, etc. But in many cases, (b) Autowho receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, mill; (a) Salesmanj (b) Grocery; (a) Foreman,

Statement of Cause of Death-Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indcfinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping chopneumonia (secondary), 10 ds. Never report mere ("Conmus," "Old Age," "Shock," "Uracmia," "Weakness," ete., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-"PUERPERAL septichaemia," State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee cough; Chronic valvular heart disease; Chronic interstitial The contributory (secondary or intercur-Example: Meastes (disease eausing death), 29 ds.; Bronsymptoms or terminal conditions, such as "Asthenia," "Exhanstion," "Heart failure," "Haemorrhage," "Inanition," "Marasby earbolic acid-probably rent) affection need not be stated unless important. suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound "Annemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" (genital," "Senile," etc.), "Dropsy," "PUERPERAL perilonitis," etc. head-homicide; Poisoned birth or misearriage as nephritis, etc.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If the certificate is looked over thoroughly and all questhe certificate is permanently filed.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATE OF DEATH
County Traleur 15394	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Cit / Lucreed corners	St.; Ward) [If death occurred in a hospital or institution,
2FULL NAME Sether MC	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, WIDOWED MINES	16 DATE OF DEATH LEST 791 (Year)
ORDIVORCED (Write the word)	17 / HEREBY CERTIFY, That I pitsnded deceased from
6 DATE OF BIRTH	Sept 10 195 to left 7, 195
(Month) (Day Kear)	that a last saw he was allye on Alph 19 195
7 AGE (Month) (Day Year)	/ / / / / / / / / / / / / / / / / / / /
/ / 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
yrs	11
a) Trade, profession, or	Chrane Gel-tut
particular kind of work	
business, or establishment to	(Ouration) yrs mos ds
which employed (or employer)	Contributory Moresmer
(State or country)	Secondary
10 NAME OF	(Poration) yrs mos ds.
FATHERY asept Toulvar	(Signed), M. D.
V 11 BIRTHPACE OF FATHER (State or country)	(Address) Incolain
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Leural Cealling	
13 BIRTHPLACE 200	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Las Fleulon	Former or
1 Fed1.1.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	124 - 1 / Solo 22 1-
8.1109 5-011.01	20 UNDERTAKER ADDRESS
Filed Debath 1910 17 PREGISTRAR	1 1 7 X 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	zar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealcr," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also-(b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of (secondary or intercurrent)



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Caal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tclanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. ges, pertionneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercur-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. FOR BINDING RESERVED MARGIN

	S		
	PLACE OF DEATH	STATE OF MAR	RYLAND
Coun	ry Caroline 15396	CERTIFICATE OI	F DEATH
		Registration Dist	. No. 67
Villa	ge or City tederals ma (No.	St.; Ward)	[if death occurred in
	2 FULL NAME Still Sitte	Fishell	a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	MARRIED, WIDOWED myle	16 DATE OF DEATH Month)	(Day) , 1915 (Yoar)
6.00	TE OF BIRTH	17 HEREBY CERTIFY, That I atte	ended deceased from
UA	8.1 9 . 0.14°	1911, 10	, 191,
	(Month) (Day) (Year)	that I last saw h alive on I	, 191,
7 AG		and that death occurred on the date sta	ted above, at // Pm.
	Still Touth 1 day,hrs.	The CAUSE OF DEATH * was as follow	
	yrsds. OR min.?	00130 0101	
	CCUPATION) Trade, profession, or	Stall Ander	,
12	ticular kind of work	3 4 3 4 3 4 3 4 4	··· à
bus) General nature of industry ilness, or establishment in ich employed (or employer)	(Ouration)	yrs. S mes. ds.
	RTHPLACE (State or country)	Contributory Secondary	
	10 NAME OF FATHER	(Signed) (Byralien)	foodu, M. O.
S	11 BIRTHPLACE	Self 9 , 1915 (Address) Theole	ralshing my
PARENTS	OF FATHER (State-or country) 12 MAIDEN NAME	*State the DISEASE-CAUSING DEATH, or, i CAUSES, state (F) MEANS OF INJURY; and (2 SUICINAL OF HOMICIDAL	n deaths from VIOLENT
PAR	OF MOTHER MANY MONTAN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, II	STITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the ef death	yrsmesds.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, If not at place of death ?	***************************************
	(Informant) James a Hishell	Former or usual residence	
	(Address) Tederalshing mid	19 PLACE OF BURIAL OR REMOVAL	Sep 9 1915
16 File	of Sep 3, 1915 P. Hellerson REGISTRAR	20 UNDERTAKER Thampion & Soy	PODRESS Edevals wa
	If more blanks are needed, address State Registrar, i	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	and t

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state oeeupation at beginning of illness. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite Nonc or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, Idanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Aecidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," wound of



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

item OF Every item CAUSE OF important.

m ż

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty Caracillus 10037	Registration Dis	t. No. 63
Vil	lage or City Crestace (No	St.;Ward)	Clé double accument la
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	- DPITU
2			PEAIN
38	Alle COLOBOR RACE SINGLE, MARRIEO, WIDOWED OR OLYDRED (Write the word)	16 DATE OF DEATH (Mouth)	(Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That i	attended deceased from
	Sept 14 19N	191	
7 A	(Month) (Day (Year)	that I last saw halive on	
· A	GE Stell 13 and It LESS than I day,hrs.	and that death occurred on the date stated	
	yrs	The CAUSE OF BEATHY was a Gollows:	-
(e)	CCUPATION Trade, protession, or relicular kind of work		
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	yrs. Omos. ds.
9 81	(State or country)	Secondary Standary Necondary	
	10 NAME OF JES H Fluckerty	(Signed)	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF	in deaths from Violent
PAR	12 MAIDEN NAME Selew Parker	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; as TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS.	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State	yrs ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(interment) In Flushaly	Former or usual residence.	00000000000000000000000000000000000000
16	(Address). Preston	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	1.11.11 ~ [8. 1 1 [C.	20 UNDERTAKER	J.H., 191.5
Fil	ed Days 17 , 1915 Quas 12 - Harrison	Geo. 4. 78. 8. 1.	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Mcaslcs (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



1 PLACE OF DEATHL

County Caroline 15398	STATE OF MARYLAND CERTIFICATE OF DEATH
Pille	Registration Dist. No. 66
Village or City Caryong (No. 1) 2 FULL NAME Lula Goul	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Color of RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yea
6 DATE OF BIRTH Aug 6th, 1915- (Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than 1.day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or eslablishment in	We Ruspieur (Burstion) yrs. mos.
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Willie Thomas 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Addrass) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal or Homicidal.
of Mother due Gould 13 BIRTHPLACE OF MOTHER (State or country) Caroline Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At placs of dasthyrsmosds. State,yrsmos
(Informani) Millie Thomas	if not at place of death ?
(Address) Kilyly Till,	19 PLACE OF BURIAL OR REMOVAL Pudgely 20 UNDERTAKER ADDRESS
Filed , 191 REGISTRAR	10 12 Lord Rudyels And

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coul mine, etc. Women at home, who are engaged in The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of bungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as birth or misearriage as "Puenpenal septichaemia," head-homicide; Poisoned by carbalic acid-probably Struck by railway train-accident; Revalver wound of to determine definitely. Examples: Accidental drawning; surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart discose; Chronic interstitial "Thmor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Dropey," "Exhaustion," ACCIDENTAL,



V. 8. No. 1.

Z.

SICIANS tement of	County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Exact sta	Village or City Henderson 40. 2 FULL NAME Infant	St; Ward) [if doath occurred in a hospital or institution, give its NAME instead of street and number.]
XAC fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E	ukuru White Single, willowed on Diversity of the working l	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
hould be stable properly certificate.	Sept. 20, 19/5	that I last saw h allve on, 191,
ed. AGE si hat it may on back of	TAGE if LESS than 1 day, hrs. yrs. Mas. OR Min.? SOCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at
ful'y suppli	particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Burellon) yrs. mos. ds.
be care in plain See in	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Frank Struwell 11 BIRTHPLACE	(Signed) (Burelien) yrs. mee. de.
SE OF DEATH very important	I'BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF FATHER CE MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICINAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the
of info	(State or country) 14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmeede. State,yremeede. Where were disease contracted, If not at piece of death? Former or usual residence
B.—Every Item should star CCCUPAT	(Address) Heuslesson 15 Filed 191 N. L. Cooper	Lewell Homer Jam 20, 1913 20 UNDERTAKER LANGE GRUNNEL ADDRESS LANGELOFE ANDRESS LANGELOFE ANDRESS LANGELOFE LANGELOFE ANDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Housewrite None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, etc. the duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return If retired from "Laborer," (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Group");
Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Proumonia,") fever (the only definite synonym is "Epidemic cerebro-Lobar pneumonua, property of lungs, mening MAR 1916 CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE Cerebrospinal

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, Struck to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from childby railway train-accident; Revolver (secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning, as "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion," wound

the certificate is permanently filed ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

RECEIVED

JAN 3 11916

BUREAU, V.S. BUREAUVE

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	refaroline 15399	CERTIFICATE OF DEATH
Count		Registration Dist. No.
Villa	se or City Ederal Sang (No.	Etf death accurred in
Vinag	ge or City (No. , ,)	St; Ward) a hospital or institution, give its RAME instead
	2 FULL NAME Sectionica No	of street and number.]
*:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jer.	rale Cack Gride the word	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	april 18 1915	, 1910, to de 1910, 1910,
TAG	(Month) (Day) (Year	
	1 day,hrs	The CAUSE OF DEATH & was as follows:
8 /	yrsds. <u>ORmin.</u> .	
(3	CUPATION Trade, profession, or	Jasho intestinal mids-
(b)	ficular kind of work	- Jaka Alanda
bus	iness, or establishment in ch employed (or employer)	(Duration) yrs. / mos. ds.
	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Norman Friend	(Signed) 3 (Signed) , M. 0.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Sep 21, 1915 (Address) tederalshinging
Œ	12 MAIDEN NAME?	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
PA	of Mother Berlina Vanninous	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death
14 TH	IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, if not at place of death?
	(Informant) Dertha Dannious	Former or usual residence
	(Address) Hederalls ling med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	· Sep21, 1913 9 1 Jefferson	20 UNDERTAKER ARDRESS
-	REGISTRAR	Thank Hammond Hederalshing
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be -Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Croccry; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-The material worked on may form part Locomotive engincer, But in many eases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL scptichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



0,0 PHYSICIANS EXACTLY, P RECORD be properly classified. certificate. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, Zuarrie WIDOWED 3 SEX 4 COLOR OR RACE be stated PERMANENT Calore DINDING OR DIVORCED 6 DATE OF BIRTH pinous (Year) 7 AGE If LESS fhan instructions on back of it may AGE 0 THIS min.? plain terms, so that See instructions on OCCUPATION
(a) Trade, profession, or supplied ED Z particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed (er employer) carefully 9 BIRTHPLACE (State or country) C 10 NAME OF pe FATHER EATH in pino MARGIN important. PARENTS 11 BIRTHPLACE OF FATHER Sh PLAINLY, (State or country) of information e CAUSE OF D 12 MAIDEN NAME OF MOTHER very 13 BIRTHPLACE should state CAUS
OCCUPATION IS v OF MOTHER WRITE (State or country) 14 THE ABOVE IS TRUE TO (Address' 15 S. No. 1. 8 ż If more blanks are accided, address State Registrar, 16 N. Saratoga St. Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.

MEDICAL CERT	IFICATE OF	DEATH	
16 DATE OF DEATH	Seff (Month)	27 (Day)	, 1915 (Year)
17 I HEREBY CERTIFY,		()	
, 191	, to) * doccorros	191
that I last saw halive of	onn		, 191
and that death occurred on t	the date stat	ed above,	atm
Clemnic Valnu	s as follows deuly	_	ni
Contributory Secondary	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	yrs	
(Signed) The Signed (Signed) State the DISEASE CAUSIN CAUSES, state (I) MEANS OF I SUICIDAL OF HOSHIEIDAL.	DEATH OF	7	NOS
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) Al place of death	In the	STITUTIONS,	
19 PLACE OF BURIAL OR REMO Seulow Calory	Court	Sefet a	9, 1915

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from who receive a definite salary), may be entered as Housewrite Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of tungs, meningungialified, is indefinite); Tubereulosis of tungs, meningungialitical processing the disease.

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," chopmeumonia (secondary), 10 ds. Never report mere nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial birth or misearriage as "Puemperal septicharmia," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping genital," "Senile," etc.), Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-



1 PLACE OF DEATH

15401

County Cardline 19401	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City News Densance Ala	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR OLVORCED OR OLVORCED (Write the word)	16 DATE OF OEATH LEADY (6 , 1915 (Year)
DATE OF BIRTH Alex. 30 1915	17 I HEREBY CERTIFY, That I attended deceased from Sept 15-11, 1915, to Sept 15-11, 1915,
(Month) (Day) (Year) AGE If LESS than	and that death occurred on the date stated above, at 100 m.
yrs. 4 mos. 6s. 0R min.?	The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	From Potration Wars mos 4 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAJOEN NAME OF	(Signed) (Buration) yrs mos ds. (Signed) (Address) (Add
OF MOTHER Column First featrics 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant)	Where wes disease contracted, if not at place of death?
(Address) 76, Devitale med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept 17, 1915 Doller go Dans REGISTRAR	20 UNDERTAKER ADORESS ADORESS ADORESS ADORESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia cough; ('hronic valvular heort disease; Chronic interstitial etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Meusles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from ehild-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Phereperal septichaemia," "Dropsy," "Exhaustion," Whooping



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cot	PLACE OF DEATH 15402 inty Caroline 15402	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Viii	age or City Sharsnony (No, 2FULL NAME William His	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word),	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DA	TE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
	(Month) (Day (Year)	that I last saw him alive on Sep. 2 (a, 1915
TAG	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or Trade, profession, or General nature of industry, ness, or establishment in the employed (or employer)	(Duration) 9 yrs 2 mos 17 ds.
9 81	RTHPLACE (State or country) Musulment	Secondary
NTS	10 NAME OF FATHER Milliams Hurlock 11 BIRTHPLACE OF FATHER 7	(Signed) Jahren Aux abway , M. D. Slight 26 , 1915 (Address) Pession
PARENTS	12 MAIDEN NAME OF MOTHER Ida Plades	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
	intermant) Hilliam Hunlack	Where was disease contracted, It not at place of death? Former or Usual residence.
15 File	(Address)	Devlate OF BURIAL OR REMOVAL Date OF BURIAL Sept 2. 191.5. 20 UNDERTAKER Lacob A. Michaels Prestons

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Oarcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Pubrperal septichaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. etc. The contributory (secondary or intercurrent) oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-

If this ccriticate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

00T 2 1915

BUREAU, V.S.

FOR

county leaven 15403	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 2
Village or City Dentain (No.)	St.; Ward) [It death occurre a hospital or institut give its NAME inst ot street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Youth) 17 I HEREBY CERTIFY, That I attended deceased to
TAGE Sept 12, 1915 (Morph) (Day) (Year) 1 day, hrs.	that I last saw h alive on
yrs	The CAUSE OF DEATH & was as follows: LEC Born Cufacet Cremsland
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Quration) yrs mos.
OF FATHER OF FATHER OF FATHER (State or country)	(Signed) Acusau O. Gew. J. (Signed) Acusau O. Gew. J. (Signed) Acusau O. Gew. J. (Signed) Acusau O. (Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTA SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, if not at place of death? Former or usuel residence
1/ /1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day luborer, Form luborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton write None Housemaid, etc. If the occupation has been changed "Foreman," "Manager." "Dealer," of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, Civil ver, Stationary fireman, etc. But in many cases, very important, so that the relative healthful-For persons who have no occupation whatever various pursuits can be known. The question etc., without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("I'neumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic ocid-probably surgical operation was undertaken. For violent deatus Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia nephrilis, etc. cough; Chronic valuatar heart disease; Chronic interstitial Example: Meastes (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meosles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-Never report mere



S. No. 1.

m ż

1 PLAGE OF DEATH

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGGUPATION is very carefully supplied. may be CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so

STATE OF MARYLAND CERTIFICATE OF DEATH

iregisti ation	D131,	110,000

Ward)

Ilf death occurred in a hospital or lostitution. give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Coly, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH SELA- Month) (Day (Year)
O DA	(Write the word) TE OF BIRTH See 6 (Month) (Day (Year)	that I last saw harmalive on 1915.
7 AG	yrs	and that desth occurred on the date stated above, at 1/30 m. The CAUSE OF DEATH * was as vietnows:
(a) part	Trade, profession, or ticular kind of work. General nature of Industry,	
whic	ness, or establishment in the employed (or employer) RTHP(aCE (Stape or country)	Contributory Anaushon Secondary
S	10 NAME OF FATHER ON A Cemomon	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Blockers) M. D.
PARENT	OF FATHER State or control occurred 12 MAIDEN NAME OF MATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPIACE OF MOTHER (State or COUNTY) COLUMN HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant Varmon & Cumomon	Former or usual residence.
16 File	a Soft 15, 1916 - Al Jelande	PRINCE OF BURIAL OR REMOVAL DATE OF BURIAL PRECUS FOR 19155 20 UNDERTARGE ABDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for inus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequeuces (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Can-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae-Never report



certificate.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. See Instructions on back of should be of Information

V. S. No. 1.

item Every item CAUSE OF Important.

N. B.

1	PLACE	OF	DEATH	' 5
County	Da	r	elu	M

Treslay





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(NO,	
9	aur

[It death occurred in

²FULL NAME	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Justicom 4 COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Math) (Day (Year) (Year) TAGE (Math) (Day (Year) (Year) TAGE (Math) (Day (Year) (Year) (A) If LESS the total day,	that I last saw h
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THOU TO THE BESS OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace tn the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed LIST - 1915 Shas B- Harrison	20 UNDERTAKER ADDRESS G. J. Laure Greston

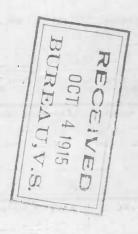


[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent) Never report



should be stated EXACTLY. PHYSICIANS who properly classified. Exact statement of Cou Vill RECORD it may be properly classified. PERMANENT BINDING plain terms, so that it may be properly See instructions on back of certificate. 7 A FOR AGE INK-THIS carefully supplied. 8 RESERVED UNFADING 9 hould be 2 PLAINLY, WITH MARGIN -Every item of information should should state CAUSE OF DEATH i OCCUPATION is very important. PARENTS WRITE (State or country) & Olawar (Address 15 0 ż

PLACE OF DEATH, 15406	7
nty Caroluel	9
Mear Hillsborn (No.	***********
25111 MARG Frances author	70 00
² FULL NAME Manies autus	1
PERSONAL AND STATISTICAL PARTICULARS	/
ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DAT
ATE OF BIRTH	17/10
Month) (Day) , 1845	that
GE If LESS than 1 day,hrs.	and t
DCCUPATION a) Trade, profession, or Fourse Work b) General nature of Industry	
wishess, or establishment in which employed (or employer)	
(State or country) Carrline Co. Md	C
10 NAME OF James J. authory	(Signed
11 BIRTHPLACE OF FATHER (State or country) Caroline Co Ma	leg
of Mother Clarissa Cooper,	18 LE
13 BIRTHPLACE	At pla

STATE OF MARYLAND CERTIFICATE OF DEATH ..

Registration Dist.	No. 40
St.;Ward)	[If death occurred in a hospital or institution.

give its NAME instead of street and number.] meeds

MEDICAL C	ERTIFICATE	OF DEATH	
16 DATE OF DEATH	Sept (Month)	19 (Day)	, 1915 (Year)
1/0/2 14		ttended decea	sed from , 1916,
that I last saw helm al		119	,ک; 19۱ک
and that death occurred	on the date s	tated above, at	I.P.m.
The CAUSE OF DEATH &	was as folio	ws:	
acute De	whe	d. The	ustice
Contributory Gus	(Burallap)	ocardite	s. 2. ds.
(Signed) S. Alles Auro / Left 20, 191.5 (1) *State the Disease C Causes, state (1) Means Suicidal or Homicidal.	Address) Dec	lace or in deaths from	os, M. 0
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of deathyremoe Where was disease contracted, if not el place of death?	In th		
Former or usual residence			
19 PACT OF BURIAL OR R	EMOVAL	Sept 21	., 1916
2000 OF THER TO	1	DDRESS	1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully mobile factory. mill; (a) Salesman, (b) Grovery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager." "Dealer," of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Never return "Laborer," etc., without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy, hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping or miscarriage as Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," State cause for which Never report mere (Recommendations "Atrophy," "Col-"Exhaustion," ("Con-



PHYSICIANS should of OCCUPATION is AGE should be stated EXACTLY. properly classified. Exact statement A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be

. ,	PLACE OF DEATH 15417 County Caroline Near Streemboro (No. C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Month (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
	7 AGE March 9 1898 (Month) (Day (Year) 1 LESS than 1 day hrs. 1 OR min. ?	that I last saw harmalive on 15 , 1915 and that death occurred on the date stated above, at 2 m The CAUSE OF DEATH* was as follows:
certificate,	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mos ds Contributory Secondary
instructions on back of cert	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D.
mportant. See instri	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
E I	Filed Sept 11, 1915 Luch Decumer	20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. it should be used only when ueeded. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meulingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. Never report Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County 15408	CERTIFICATE OF DEATH Registration Dist. No. 66
	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale While Wide the word) 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWEO (Write the word)	16 OATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Sight, 2, 1903 Month) (Day) (Year)	on Sept // 1915, to 1911, that I last saw her alive on Sept, // 1915,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Optiluse (Buralion) yre. moe. ds.
9 BIRTHPLACE (State or country) Selaware	Contributory of the Luna Mily Canaenna Secondary John Follicular 2 day o, Lungaria (Qurellon) 12 yrs mos de.
10 NAME OF Thomas Pollard, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME of MOTHER OF MOTHER Tomus Veulb	(Signed) J. C. C. C. M. D. M. D. C. C. C. M. D. M. D. C. C. C. C. M. D. C.
of Mother flowing Keule. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place tn fhe of deeth yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant) Floria & Pollord	If not et place of death ? Former or usuet residence
(Address) Kulyely Mul. Filed Sept 13, 1915) & Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 19 19 19 19 19 19 19 19 19 19 19 19 1
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons precise specification as Day laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many cases, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consuicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemio," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Meostles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report more rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvulor heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

N.B.

1 PLACE OF DEATH

15409	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
The House States	Registration Dist. No.
Village or City was Seawattours (No,	St; Ward) [If death occurred in a hospital or institution,
2 FULL NAME annie 6 Kee	dder, Paace from give its NAME instead at street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or Race 5 SINGLE, MARRIEO, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on doctory, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at 10-11m.
yrs, mos. 16 ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, pr	Cholina Indaminia
particular kind of work	
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Buretion) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory
- Ourgina,	(Buration), yrs. mos ds.
10 NAME OF James H, King.	(Signod) By Sefferson, M. O.
11 BIRTHPLACE OF FATHER (State or country) OF FATHER (State or country)	State the DISEASE CAUSING DRATH, or, in deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country) 13 MAIDEN NAME (State or country) 14 MAIDEN NAME (State or country) 15 MAIDEN NAME (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME (State or country) 18 MAIDEN NAME (State or country) 19 MAIDEN NAME (State or country) 10 MAIDEN NAME (State or country) 10 MAIDEN NAME (State or country) 11 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country) 13 MAIDEN NAME (State or country) 14 MAIDEN NAME (State or country) 15 MAIDEN NAME (State or country) 16 MAIDEN NAME (State or country) 17 MAIDEN NAME (State or country) 18 MAIDEN NAME (State or country) 19 MAIDEN NAME (State or country) 10 MAIDEN NAME (State or country) 10 MAIDEN NAME (State or country) 11 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country) 13 MAIDEN NAME (State or country) 14 MAIDEN NAME (State or country) 15 MAIDEN NAME (State or country) 16 MAIDEN NAME (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENTS) At place tn the ef deethyrsmosds. Stets,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where wer disease contracted, if not at place of death?
(Interment) Lydia dr. Kedden,	Former or usoal residence
(Address) Marion, Mid,	To do val Para and Sept 3 1915
Floo Sefs 3, 1915 B To Defferson	20 UNDERTAKER DORESS
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH A TO VEHINE REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Realth LOO Association.]

RECEIVED

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-But in many cases, especially in industrial employments, it is necessary to business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupa-(b) Autoof the second statement. Never return "Laborer," precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, Housemaid, - ctc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, If retired from For persons who have no occupation whatever, cian, Compositor, Architect, Locomotive engineer, mill; (a) Salesman, (b) Crocery; (a) Foreman, state occupation at beginning of illness. engineer, Stationary freman, etc. mobile factory.

Statement of Cause of Death-Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Typhoid fever (never report "Typhoid pncumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebrounqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup")

"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopmenmonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," ete., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," birth or miscarriage as "Puenperal septicharmia," surgical operation was undertaken. For violent Deaths "Exhaustion," cause. Always qualify all diseases resulting from child-"PUERPERAL peritonitis," etc. State cause for which state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" ("Dropsy," genital," "Senile," etc.),

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all questhe certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND
Coun	ty Caroline	CERTIFICATE OF DEATH
J	hear to 1 12	Registration Dist. No.
Villa	go or City Dedwolsturg. (No. ,	St.; Ward) [If death occurred in a hespitate or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED UND OR DIVORCED OR DIVO	16 OATE OF DEATH Selt 3 (Day) , 19/3 (Year)
6 OA	TE OF BIRTH FILE. 16" 1915	SHEREBY CERTIFY, That Strended deceased from
7 AG	(Month) (Day) (Year)	that I last saw h or alive on
AG	1 day,hrs.	and that death occurred on the date stated above, at 10.30 m. The CAUSE OF DEATH * was as follows:
	yrsds. OR min.?	THE CAUSE OF BEATH & Was as follows:
/ / a	Trade, profession, or thouse kind of work	Men Califist.
bus whi) General nature of industry siness, or establishment in ich empleyed (or employer)	(Duration) yrs. mos./3 és.
9 BI	State or eountry) & aryland.	Contributory Secondary (Ourstian) VIS. mas de
	10 NAME OF William & Richetts	(Signag) . J. J. Jooks, M. O.
PARENTS	"BIRTHPLACE OF FATHER (State or country) Welaware	State the DISEASE CAUSING DEATH, or, in deaths from VIOLAT CAUSER, state (I). MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIOEN NAME Addie Starford.	SUICIDAL OF HOMICIDAL: 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	of Mother Waryland	OR RECENT RESIDENTS) At place In the ot deeth yrs
14 TH	(Informant) William & Ricketts	Where was disease contracted, If not at piace of death? Former or usual residence
	(Address) Oak-Grove, Wel	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
16 File	Sef 14, 1915 9-15 Defferson REGISTRAR	20 UNDERTAKER TOUR DON TEDEVOLETURG
	If more blanks are needed, address State Registrar,	16 W Saratoga St., Balta, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory freman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	[If death occurred in a hespital or institution.
	give its NAME Instead of street and number.

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH Sept 13, 1913. [Month] (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
that I last saw has alive on Sup 10 ,1915-
and that death occurred on the date stated above, at 25m.
La Janha Inummin
Contributory Euro debility
(Signed) (Signed) (Addrson) (Addrson) (Addrson) (State the Disease Causino Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental,
SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS) Al place in the of death yrs. mos. de. State, yrs. mos. de. Where was disease contracted, if not all place of death?
Former er uoest residence
Drewson Ma Sept 18, 1916.
20 UNDERTAKER PITCHELL Greenship
6 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. V.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfull employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired. 6 urs.). For persons who have no occupation whatever write None.

Statement of Cause of Death—Name, first, the DSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably survide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1 PLACE OF DEATH 50 0 STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH County .. Registration Dist. No...... Village or City fif death occurred in Ward) EXACTLY. P a hospital or institution. give. its. NAME instead of street and number. RECORD ² FULL NAME classified, PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF DEATH stated MARRIED, PERMANENT WIDOWED OR DIVORCED (Month) (Day) (Year) properly certificate I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH O pe (Mont (Day) (Year) TAGE of if LESS than it may back of and that death occurred on the date stated above, at 1 day, hrs. O The CAUSE OF DEATH * was as follows: HIS OR min. ? 4 + OCCUPATION (a) Trade, profession, or that 0 Suo suppli particular kind of work 20 (b) General nature of industry terms, instructi business, or establishment in carefully (Duretton) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 0 O S (Buralion) 10 NAME OF **(3**) 2 FATHER WITH ould important I S 11 BIRTHPLACE (Address) LE FNT OF FATHER 4 (State or country) *State the DISEASE-CAUSING DEATH, or, in deaths from TIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIDEN NAME Œ Br. 4 OF MOTHER 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very of informa 13 BIRTHPLACE At place OF MOTHER to the (1) (State or country) WRITI of death yrs. State. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE PATIO if not at place of deeth? Former or usual residence Should 3 PLACE OF AURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS Filed .d m Z If more blanks are needed, address State Registrar, 16/W. Saratoga St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from ehildby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere



V. S. No. 1.

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH UNFADI	N. B.—Every Item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be pre important. See instructions on back of certificate.

PLACE OF DEATH 15413	STATE OF MARYLAND
County Lescoline	CERTIFICATE OF DEATH
County Leaves	Registration Dist. No. 62
Village or City Deulan (No,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mut Single, Married, Widowed, Write the word)	16 DATE OF DEATH (Month) (Pay (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
Month) (Day (Year)	that I last saw have allve on Japan 1915
7 AGE If LESS than 1 day, 5 hrs. OR min. ?	and that death occurred on the date stated above, at 7. P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos ds. Contributory Secondary
10 NAME OF FATHER ASL STAND 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, It not at place of death? Former or
(Informant) Little My	USUAI residence
Flied Sept 20, 1915 Do Levrge me	Dentan Cumiling Pep 121, 191. 8. 29 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Nevcr report

If this certificate is looked over theroughly and all questions answered in detail, it will-prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

manently filed.

G161 9 100 obtained bef

County Carolice	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Redgely (No.	Registration Dist. No. 66 St.; Ward) [If death occur
2 FULL NAME Mahala V	7. Swann a hospital or insti- give its NAME in of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Generale White Single, Married, Middle White	16 DATE OF DEATH Sept (Mayh) (Day)
G DATE OF BIRTH Oau 23 1850	t HEREBY CERTIFY, That I attended deceased
7 AGE (Month) (Day) (Year) 1 day, hrs.	and that death occurred on the date stated above, at ? The CAUSE OF DEATH * was as follows:
B CCUPATION (a) Trade, profession, or particular kind of work	Porter Proces
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs mos.
9 BIRTHPLACE (State or country) Maryland	Secondary Secondary (Ourslion) yrs mos
10 NAME OF James Pippin 11 BIRTHPY CE	Sept 85 1915 (Address) Ping ely Mil
Z OF FATKER (State or country) Naryland	*State the DISEASE CAUSINO DEATH, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether accident Suicidal of Homicidal.
of MOTHER and Real 13 BIRTHPLACE OF MOTHER A T TY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. State,yrsmos. Where was disease contracted, if not at place of death?
(Informant), Mrs yorah Hayadon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Address) 15	Greecebor Sept 9.
Filed 191 REGISTRAR	AR Restelett Green

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Day luborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State eause for which birth or miscarriage as "Puenpenal sephcharmia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valentar heart disease; Chronic interstitial head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Cona," "Convulsions," "Debiljty" ("Con-"Anaemia" rent) affection need not be stated unless important. nephritis, etc. ehopheumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles, Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always quality all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurby carbolic acid—probably "Dropsy," "Exhaustion,"



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RECORD PERMANENT

Very SICIANS should OCCUPATION IS PHYSICIANS o statement EXACTLY. Exact pe should properly pe may certificate. that 80 0 back terms. 0 plain instructions 2 EATH See 0 OF Every Item CAUSE OF Important.

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 66

...Ward)

Ilf death occurred in a hospital or institution. give its NAME instead

of street and nombor.] 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, 1919 WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Dn v CERTIFY, That I attended acceased from (Month (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at t dayhrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Contributory (Duration) 10 NAME OF

> *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS)				
Af place	In the			
of death yrs, mos ds.	State	yrs,	mos.	di:
Where was disease contracted,				

if not at place of death?

Former or usuai residence.

20 UNDERTAKER

(Signed)

OF BURIAL OR REMOVAL

, 191 ... (Address)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

14 THE ASOVE IS TRUE

(Address)

FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

OF MOTHER

(State or country

ARENTS

15

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the If the occupation has As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerferal septichaectc, when a definite discase can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie sepsis, tetanns) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of



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RECORD

UNFADING WRITE

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH 10 Registration Dist. No. OCCUPATION -Ward) statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, (Month) Write the word) I HEREBY CERTIF That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may which employed (or employer) ----certificate. Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 90 back PARENTS 11 BIRTHPLACE . 191.5... (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE E At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs.___ Where was disease contracted. if nof at place of death? 9 Former or OF usual residence. mportant. Every It 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in

(Year)

a hospital or institution.

give Its NAME Instead of streef and number.]

(Dav

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of........ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocte, when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seulle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS WRITE

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S

PLAGE OF DEATH



STATE OF MARYLAND

County Caroline	Registration Dist. No.
Village or City Willsborn (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Month) (Day (Year)	that I last saw h and on 1915.
7 AGE O yrs. D mos. Os. OR. Omn.?	and that death occurred on the date stated above, at P. m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Grenden birk
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GRO. Wills	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Regner	19 PLACE OF BURIAL OR REMOVAL AVAILS VINTY MAN SEPT 2, 1915. 20 UNDERTAKED RELEASE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed uot be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and cousequeuces (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which sprgical operation was undertaken. Bronchopneumonia is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary), 10 ds. "Convulsions," "Debility" ("Con-"Dropsy," The uature of the "Exhaustiou," Never report



PLACE OF DEATH 15418 County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 66
Village or City Cargery (No. ,) 2 FULL NAME Theore alfr	ed Wesley [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Willower Widower OR DIVORCED (Write the word)	16 DATE OF DEATH CELL (Month) (Day) (Year)
October 12, 1838 (Month) (Day) (Year)	HEREBY CERTIFY, That lattended deceased from 1915, 1915, to 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 10am. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Powskafer Trade (b) General nature of Industry business, or establishment in which employed (or employer) BOCCUPATION (a) Trade, profession, or Powskafer Trade (b) General nature of Industry Business, or establishment in Which employed (or employer)	Cexhacreta (Ouration) yrs mos 3 ds.
State or country) New Brunswick Guada	Secondary (Durelien) / vrs. 6 mos. ds
10 NAME OF James, Wesley 11 BIRTHPLAGE OF FATHER (State of country) Nova Scotia 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN 17 MAIDEN 18 MAIDEN 18 MAIDEN 19 MAIDEN 10 MAIDEN 11 MAIDEN 12 MAIDEN 13 MAIDEN 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18 MAIDE	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Nova Scotia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of death
(Informant) John & Wesluf	Where was disease contracted, if not at piece of death?
(Address) Pidgely, md	19 BLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Suff 29, 1915
and Soft 90 min It of original	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective precise specification as Doy laborer, Farm laborer, Loborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of bungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by roilway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent beatins "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. eough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. nephritis, etc. ges, perilonaeum, etc., Corcinomo, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Brow-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH S. 15419 County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City Federalshee (Ng. P.Z.) 2FULL NAME.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO OR DIVORCEO OR WITH the word)	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH Sept 27, 1918	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE This form the control of the	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country.)	Contributory Caulrast Velvio
10 NAME OF FATHER Alanga Hung 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot deathyrs,mosds Where was disease contracted, If not at place of death?
(Address) eder alsbeerg 16 Filed Sept 22, 1915 Chas & Sassissa. REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Sept 27, 1915. 20 UNDERTAKER Schema Schema Schema
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Reglesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



County Coroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Lidgely (No. 2 FULL NAME Mary Illigor	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH September 18 (Month) (Day) (Year)
6 DATE OF BIRTH Que 14, 1916 (Month) (Day)	that vlast saw her alive on the last saw her
7 AGE If LESS 1 day,	than hrs.
GOCCUPATION (a) Trade, profession, or particular kind of work	Ophandia
(b) General nature of Industry business, or establishment in which employed (or employer)	Contributory Marcus Secondary
State or country) Rolg Eleg Dell 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER PRODUCTION (State or country) Proceedings 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN N	(Signed) (Quration) 778. mos
13 BIRTHPLACE OF MOTHER (State or country) Manglewel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death yre
(Informant) Halliam My KNOWLEDGE	If not et piece of death ? Former or usual residence
15 Sept 15, 1915 J. Davis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REMOVAL DATE OF BURIAL REMOVAL ADDRESS ADDRESS
REGISTRA	strar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more C yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, ciun, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -(oal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by birth or miscarriage as "Puenperal septichaemia," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State eause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," carbolic acid-probably "Debility" Never report mere "Atrophy," ("Con-

